## Form **8871** (July 2000)

For Paperwork Reduction Act Notice, see page 4.

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

| Part I General Information                                  |                              |   |                                |  |
|---|------------------------------|---|--------------------------------|--|
| 1 Name of organization Prounce Toloma Dec                   | Tan Community                | ty PAC  | Employer Identification number |  |
| 2 Mailing address (P.O. Box or number,                      | street, and room or suite nu |   | 91-2079668                     |  |
| City or town, state, and ZIP code                           |                              |   | // / / /                       |  |
| 3 E-mail address of organization                            | <u> </u>                     |   |                                |  |
| NIA   |                              |   |                                |  |
| 4a Name of custodian of records Gary D. Markins             | e.v                          | 4b Custodian's address 51-34 Sturgeon Lode Rd |                                |  |
|   |                              | welch, Mr                                     | <del>১১০</del> জন              |  |
| 5a Name of contact person                                   | 5b Conta                     | ct person's address<br>V36 Stugcen L          | -alia 20                       |  |
| Gary D Mad  |                              | . A   |                                |  |
| 6 Business address of organization (if d                    |                              | welch me 5                                    |                                |  |
| 6 Business address of organization (if d                    |                              | Shown above). Number, street, and             | TOOHT OF Suite number          |  |
| City or town, state, and ZIP code                           |                              |   |                                |  |
| Part II Purpose   |                              |   |                                |  |
| 7 Describe the purpose of the organizat                     | tion                         |   |                                |  |
|   |                              |   |                                |  |
|   |                              |   | EIVED IN CORRES                |  |
|   |                              |   | OCT 0 8 2000                   |  |
|   |                              | entre year                                    | er                             |  |
|   |                              |   | W.HATAH                        |  |
| Part III List of All Related Ent                            | ities (coo instructions)     |   |                                |  |
| Part III List of All Related Ent  8a Name of related entity | 8b Relationship              | 8c Address                                    |                                |  |
| Tracsure Island   |                              | Enal SI                                       | 1 1 20                         |  |
| Resort & Casino   | <u></u>                      | 5734 Stugeon                                  | A Calla KeX.                   |  |
|   | Owns                         | Welch, Mi                                     | 55084                          |  |
| Mt. Frontenic Golf  |                              | 32420 Ski                                     | River                          |  |
| and Ski   | Owns                         | Frontenac, N                                  |                                |  |
|   | 000005                       | Frantenac IV                                  | (N 77026                       |  |
|   |                              |   |                                |  |
|   |                              |   |                                |  |
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|   | -                            |   |                                |  |

Form **8871** (7-2000)

| art IV List of All Office  a Name   | 9b Title                                 | Compensated Employees (see instructions)  9c Address   |
|---|--|--|
| Byron White   | Chairperson                              | 5636 Sturgeon Lake Rd.<br>Welch, MN 55089  |
| Doreen Hagen  | Treasurer                                | . 5636 Sturgeon Lake Rd.<br>Welch, MN 55089  |
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| Under penalties of perjury,<br>Revenue Code, and that I i<br>it is true, correct, and com | tave examined this notice, including acc | in Part I is to be treated as an organization described in section 527 of the Incompanying schedules and statements, and to the best of my knowledge and I |
| Signature of authori  | zed official                             | 9-27-00<br>Date  |

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